

**ANNUAL REPORT FORM  
FOR CLASS A RECYCLING CENTERS  
January 1 thru December 31\_\_\_\_\_**  
(Year)

**Name:** \_\_\_\_\_

**Facility ID#:** \_\_\_\_\_

**Reported By:** \_\_\_\_\_

**Date:** \_\_\_\_\_

(Please Print)

**Phone:** \_\_\_\_\_

**List Materials in Tons**

<b>COUNTY:</b>				
<b>MUNICIPALITY:</b>				
Corrugated				
Mixed Office Paper				
Newspaper				
Other Paper				
Glass Containers				
Aluminum Containers				
Steel Containers				
Plastic Containers				
Ferrous/Heavy Iron				
Non-ferrous/Aluminum				
White Goods/Lite Iron				
Other				
<b>Total</b>				

I certify that the information entered above is true to the best of my knowledge.

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

THIS FORM MUST BE RECEIVED BY **APRIL 1<sup>st</sup>** OF THE YEAR FOLLOWING THE DATA REPORTED ABOVE.

New Jersey Department of Environmental Protection  
Solid and Hazardous Waste Program  
Bureau of Recycling and Planning  
PO Box 414  
Trenton, NJ 08625  
**Attn: Carol Puca**